## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

MGP. P. USO 08 4

| Effective October 1, 2001 MGP. P. USO 08 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                             |                 |                                          |                     |                          |            |                      |                                                  |              |                     |                        |    |      | _   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------|-----------------|------------------------------------------|---------------------|--------------------------|------------|----------------------|--------------------------------------------------|--------------|---------------------|------------------------|----|------|-----|
| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                                             |                 |                                          |                     |                          |            |                      |                                                  |              |                     |                        | 0  | 601c | > 1 |
| TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TAL CLAIMS      |                                             | 2               | $\sigma$                                 |                     |                          |            | RATE                 | FEE                                              | ٦ ٠          | RATE                | FEE                    | 10 |      |     |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                                             | NUMBER FILED    |                                          | NUMBER EXTRA        |                          |            | BASIC FE             | 370.00                                           | OR           | BASIC FEE           |                        |    |      |     |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                                             | 2 0 minus 20=   |                                          | • 0                 |                          |            | X\$ 9=               |                                                  | OR           |                     | U                      |    |      |     |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                                             | 2 minus 3 =     |                                          | ٠ ٧                 |                          |            | X42=                 | 1                                                | 1            | V04                 | ,                      |    |      |     |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                                             |                 |                                          |                     |                          |            |                      | <del>                                     </del> | -IOR         |                     | υ.<br>:                |    |      |     |
| * If the difference in column 1 is less than zero, enter "V"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                                             |                 |                                          |                     | olumn 2                  |            | +140=                | -                                                | JOR          |                     | 2//2                   |    |      |     |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                                             |                 |                                          |                     |                          |            | TOTAL                | <b></b>                                          | JOR          |                     | 740.ap                 |    |      |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 | (Column 1)                                  | un ende         | (Colur                                   |                     |                          |            | SMALL ENTITY         |                                                  | OTHER T      |                     |                        |    |      |     |
| AMENDMENTA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                 | HIGH<br>NUM<br>PREVIO<br>PAID            | BER                 | PRESENT<br>EXTRA         |            | RATE                 | ADDI-<br>TIONAL<br>FEE                           |              | RATE                | ADDI-<br>TIONAL<br>FEE |    |      |     |
| Ş                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Total           | . 8                                         | Minus           | -2                                       | O                   | = ()                     |            | X\$ 9=               |                                                  | OR           | X\$18=              |                        |    |      | •   |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Independent     | • /                                         | Minus           | ··· 3                                    |                     | • ()                     |            | X42=                 |                                                  | OR           | X84=                |                        |    |      |     |
| HAST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                                             |                 |                                          |                     |                          |            |                      |                                                  | 1            | +280=               |                        |    |      |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 100             |                                             |                 |                                          |                     |                          |            | +140=<br>TOTAL       |                                                  | OR           | total               |                        |    | ,    |     |
| (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                                             |                 |                                          |                     |                          |            |                      | <u> </u>                                         | OR           | ADDIT. FEE          |                        |    |      |     |
| AMENOMENT B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                 | (Colum<br>HIGH<br>NUMI<br>PREVIO<br>PAID | est<br>BER<br>XUSLY | (Column 3) PRESENT EXTRA |            | RATE                 | ADDI-<br>TIONAL<br>FEE                           |              | RATE                | ADDI-<br>TIONAL<br>FEE | ,  |      |     |
| Ş                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Total           | • 8                                         | Minus           | *                                        | /                   | 2                        |            | X\$ 9a               |                                                  | OR           | X\$18=              |                        |    |      |     |
| AME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Independent     | MITATION OF MI                              | Minus           | CAMEAN                                   | - AIM               | -                        |            | X42=                 |                                                  | OR           | X84=                |                        |    |      |     |
| <b>L</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PINST PRESE     | NIAION OF MI                                | LIVE DE         | ' [                                      | +140=               |                          | OR         | +280=                |                                                  |              |                     |                        |    |      |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                                             |                 |                                          |                     |                          |            |                      |                                                  | OR           | TOTAL<br>ADDIT, FEE |                        | •  |      |     |
| ∮.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -15-05          | (Column 1)                                  |                 | (Colum                                   | nn 2)               |                          | addit. Fee |                      | •                                                | ACC11. 7 CC1 |                     |                        |    |      |     |
| MENTC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                 | HIGH<br>NUM<br>PREVIO<br>PAID            | BER                 | PRESENT<br>EXTRA         |            | RATE                 | ADDI-<br>TIONAL<br>FEE                           |              | PATE                | ADDI-<br>TIONAL<br>FEE |    |      |     |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Total           | • 8                                         | Minus           | ** 6                                     | 20                  | -0                       |            | X\$ 9=               |                                                  | OR           | X\$18=              |                        |    |      |     |
| AMEND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ind pendent     | • /                                         | Minus           |                                          | 3                   | -0                       |            | X42=                 |                                                  | OR           | X84=                |                        |    |      |     |
| L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FIRST PRESE     | NTATION OF M                                | ULTIPLE DE      | PENDENT                                  | CLAIM               | الحا                     | '          | +140=                |                                                  | OR           | +280=               |                        |    |      |     |
| * If the entire in column 1 is less than the entire in column 2, write 'V' is column 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                                             |                 |                                          |                     |                          |            |                      |                                                  |              |                     |                        |    |      |     |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEEOR ADDIT. FEE |                 |                                             |                 |                                          |                     |                          |            |                      |                                                  |              |                     |                        |    |      |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | The Highest Kun | sber Previously Pa                          | id For (Total o | r Independ                               | enil) is the        | highest numbe            | r fau      | ئوة فين به لهم.<br>م | biobusto po                                      | x 49 CO      | ww. 1.              |                        |    |      |     |